Gasconade County R-I School District
Salary Change Prior Approval Form

The following information should be filled out and submitted for approval in advance of taking a class that could change an employee's position on the salary schedule (per Board policy GCBA-R):

Name of employee_____
LAST FIRST MI

Employment position in district_____

Date of this application_____

Total graduate hours before taking this course_____

Highest degree attained_____

Course title_____

College/University_____

Degree employee is seeking_____

Number of graduate credit hours that will be earned for this course_____

Check one or more of the boxes as to how this course will affect you:

- o Eliminate temporary certificate when requested by the district to teach in a shortage area
  Explain:_____
- o Provide certification in another area where teaching help is deemed necessary by the district
  Explain:_____
- o Keep teaching certificate current if identified in the district professional development plan
- o Help progress toward a master's degree or above if identified in the District Professional Development Plan (DPDPP) and the degree is in the teacher's subject area
- o Help enrich subject or grade level teaching

The above information has been submitted and reviewed by:

_____Date_____
Employee

_____Date_____
Superintendent of Schools